

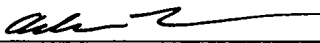


PTO/SB/22 (12-04)

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                |                                                                                                                                                 | <b>Docket Number (Optional)</b><br>577172001900 |                         |
| <b>Application Number</b> 10/766,723                                                                                                                                                                                                                      |                                                                                                                                                 | <b>Filed</b> January 27, 2004                   |                         |
| <b>For</b> ON-CONTENT STREAMING MEDIA ENHANCEMENT                                                                                                                                                                                                         |                                                                                                                                                 |                                                 |                         |
| <b>Art Unit</b> 2178                                                                                                                                                                                                                                      |                                                                                                                                                 | <b>Examiner</b> D. Faber                        |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                                                                                                                                 |                                                 |                         |
|                                                                                                                                                                                                                                                           |                                                                                                                                                 | <u>Fee</u>                                      | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | One month (37 CFR 1.17(a)(1))                                                                                                                   | \$120                                           | \$60 \$ 120.00          |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Two months (37 CFR 1.17(a)(2))                                                                                                                  | \$450                                           | \$225 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Three months (37 CFR 1.17(a)(3))                                                                                                                | \$1020                                          | \$510 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Four months (37 CFR 1.17(a)(4))                                                                                                                 | \$1590                                          | \$795 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Five months (37 CFR 1.17(a)(5))                                                                                                                 | \$2160                                          | \$1080 \$               |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Applicant claims small entity status. See 37 CFR 1.27.                                                                                          |                                                 |                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | A check in the amount of the fee is enclosed.                                                                                                   |                                                 |                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Payment by credit card. Form PTO-2038 is attached.                                                                                              |                                                 |                         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | The Director has already been authorized to charge fees in this application to a Deposit Account.                                               |                                                 |                         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> |                                                 |                         |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                     |                                                                                                                                                 |                                                 |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                     |                                                                                                                                                 |                                                 |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>54,217</u>                                                                                                                                                        |                                                                                                                                                 |                                                 |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                                                                                                                    |                                                                                                                                                 |                                                 |                         |
| <br>_____<br>Signature                                                                                                                                                 |                                                                                                                                                 | _____<br>August 7, 2006<br>Date                 |                         |
| _____<br>Adam Keser<br>Typed or printed name                                                                                                                                                                                                              |                                                                                                                                                 | _____<br>(703) 760-7301<br>Telephone Number     |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                     |                                                                                                                                                 |                                                 |                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Total of <u>1</u> forms are submitted.                                                                                                          |                                                 |                         |

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